## CHULA VISTA POLICE DEPARTMENT HOLISTIC HEALTH PRACTITIONER/MASSAGE TECHNICIAN RENEWAL APPLICATION

NAME:				
	Last	First	M	
ADDRESS:				
HOME #:	WORK #:			
EMAIL ADD	RESS			
	CONVICTIONS IN TO se list on back side o	HE PAST 12 MONTHS of this application)	S: YES	NO
EXPIRATIO	N DATE OF PERMI	Т:	DATE OF BIRTH:	
SOCIAL SECURITY #:		CD	CDL #:	
WEIGHT:	HEIGHT:	HAIR COLOR:	EYE COLOR:	AGE:
	<ul> <li>One 2x2 p</li> <li>Certification</li> <li>not more t</li> <li>Certificate</li> </ul>	enewal fee payable bhoto taken in the le on of Health form han 30 days prece for 12 hrs of conti ity of Chula Vista E	ast six months. completed. (Meeding application) nuing education.	
		RE THAN TWO WI ted with proper fee	•	ontrolled License
		ATE IN THE CITY LED LICENSE/PE		STA WITHOUT A
	THAT THE INFO ACCURATE.	ORMATION PRO\	/IDED ON THIS A	PPLICATION IS
SIGNATURE	<u>:</u> :			DATE

FALSIFICATION OF ANY INFORMATION ON THIS FORM IS GROUNDS FOR DISQUALIFICATION.

## ALL FEES ARE NON REFUNDABLE.

The Police Controlled permit is valid for one year from the date it is issued.

Please contact (619) 691-5244 to make an appointment to turn in application or if you require additional information.

5c3 REV 06/14 lg